

APPLICATION TO REGISTER FOR CONFISCATED WEAPONS SALES
FOR USE BY FEDERAL FIREARMS LICENSE HOLDERS

/ / DATE		
FFL LICENSEE NAME (IF DIFFERENT THAN COMPANY/BUSINESS NAME)		FFL NUMBER
COMPANY/BUSINESS NAME		
/ /		
COMPANY/BUSINESS OWNER'S NAME(S)	DATE OF BIRTH	DRIVER LICENSE NO. & ISSUING STATE
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COMPANY/BUSINESS OWNER'S NAME(S)	DATE OF BIRTH	DRIVER LICENSE NO. & ISSUING STATE
COMPANY/BUSINESS ADDRESS (PHYSICAL & MAILING)		
() ()		
COMPANY/BUSINESS PHONE	FAX	E-MAIL ADDRESS
LOCAL SHERIFF'S OFFICE/POLICE DEPARTMENT		CITY & STATE

INSTRUCTIONS

COMPLETE FORM, ATTACH COPY OF YOUR CURRENT FEDERAL FIREARMS LICENSE & MAIL TO:

**KENTUCKY STATE POLICE, SUPPLY BRANCH
 94 AIRPORT ROAD
 FRANKFORT, KY 40601
 ATTN: SALES REGISTRATION**

RECEIVED DATE	REVIEWER'S SIGNATURE	REVIEW DATE